PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

03935. POISC

		CLAIMS A		S FILED - PART I (Column 1)		(Column 2)		SMALL ENTITY TYPE		OF	OTHER THA	
TOTAL CLAIMS			46	46		·		PATE	FEE	_	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC F	EE 385.0	OF	BASIC FE	
TOTAL CHARGEABLE CLAIMS			46 minus 20=		.26	.26		XS 9=		OF		1
INDEPENDENT CLAIMS				y minus 3 =		•		X43=		7	You	468
MULTIPLE DEPENDENT CLAIM PRESE				. <u></u> .				7432	+		A80=	86
ب	f the differenc	e in column 1 is	less than	ess than zero, enter *		rolumn 2	'	+145=	<u> </u>	OR	+290=	
•						.Oldmir 2		TOTAL		OR		1324
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE
	Total	-37	Minus		6			X\$ 9=		OR	X\$18=	
	Independent	·a	Minus	C			ı	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 1 45	 		000	
								+145= TOTAL		OR	+290= TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	· A	DDIT. FEE		JOR .	ADDIT. FEE	
B		CLAIMS		HIGHE	ST		Г		ADDI-	7 1		ADDI-
AMENDIMENT		REMAINING AFTER AMENDMENT	·	PREVIOL PAID FO	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus			=		X\$ 9=	-	OR	X\$18=	
	Independent	•	Minus	•••		*		X43= .		OR	X86=	
ᅼ	ring i Phese	NTATION OF ML	LIPLE DE	PENDENT	LAIM			+145=		OR	+290=	
							AD	TOTAL DIT. FEE	·	OR .	TOTAL DDIT. FEE	
		(Column 1)		(Column	r2) (Column 3)			•			·
		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	T.	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	94	-			(\$ 9= ·		OR	X\$18=	
	Independent	•	Minus	'	-		1	(43=		-	X86=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT C	LAIM		\vdash			OR		
HI	the entry in colum	10 1 is less than the	entry in colo	ma 2 write "^	in coh	nn 3		145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FI THE "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DOTT. FEE	
Tr	ne "Highest Numb	per Previously Paid	For (Total or	Independent)	is the hi	ghest number f	ound .	in the appr	ropriate box	in colur	nn 1.	